

Fig. 1

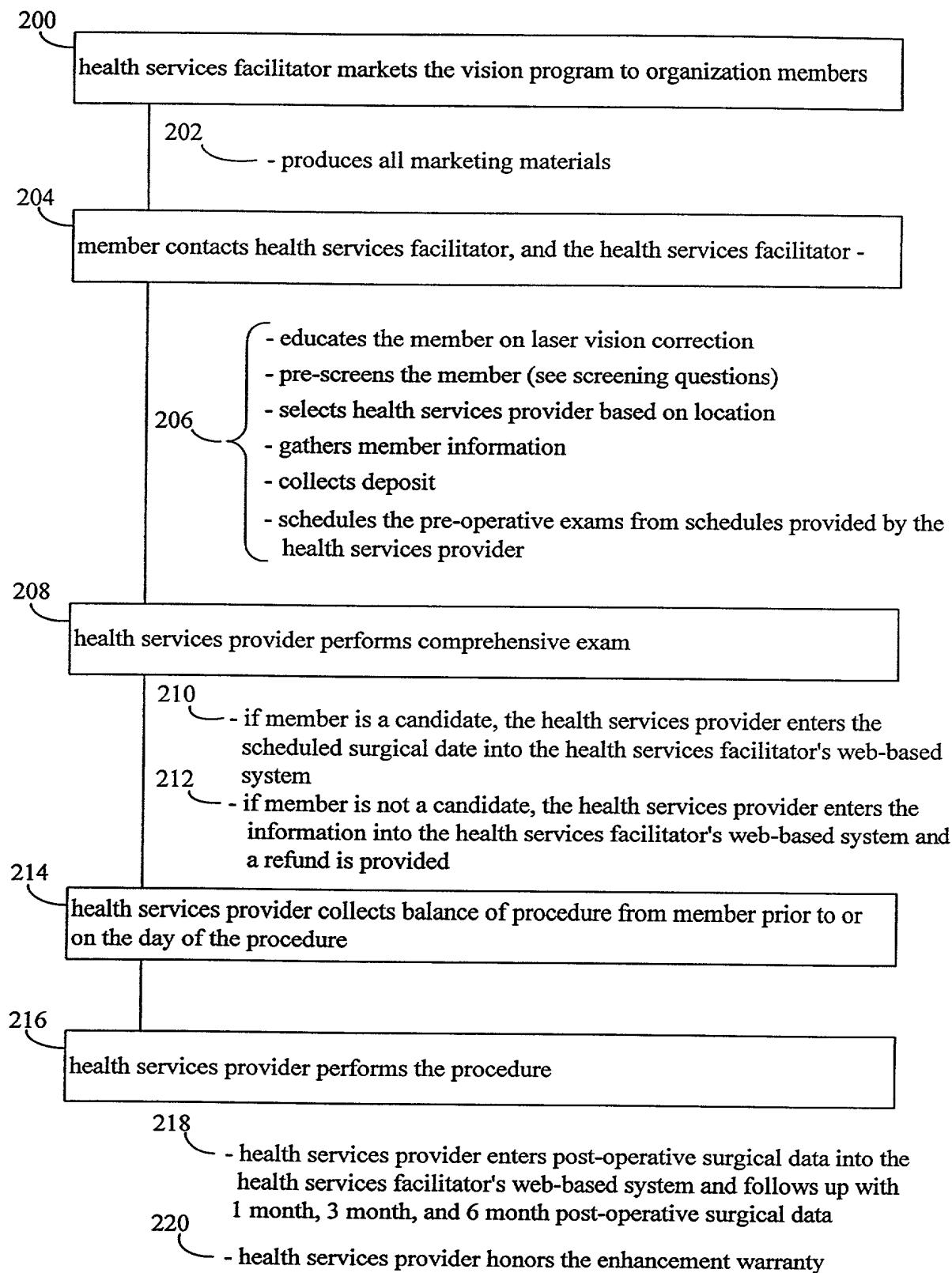


Fig. 2

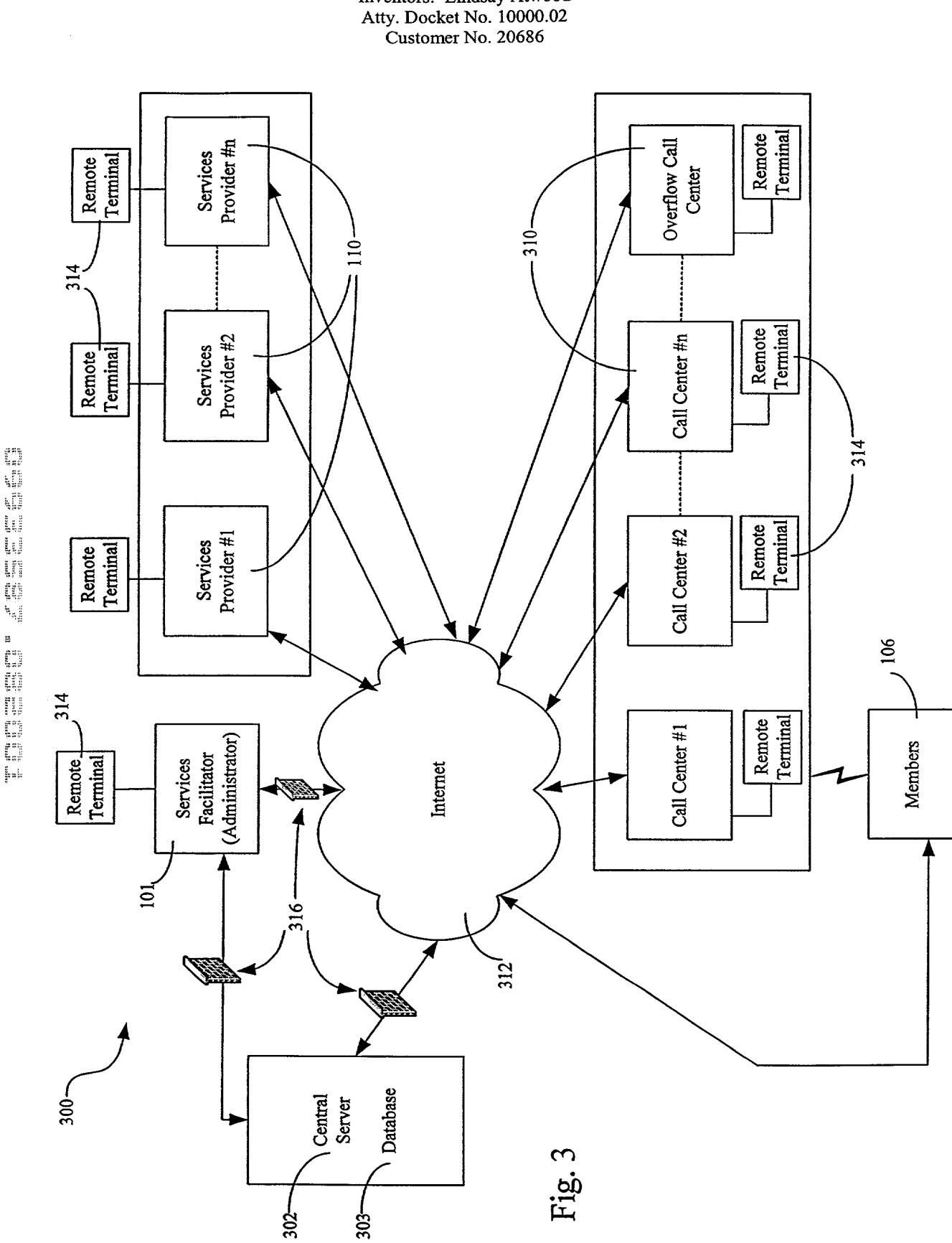


Fig. 3

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

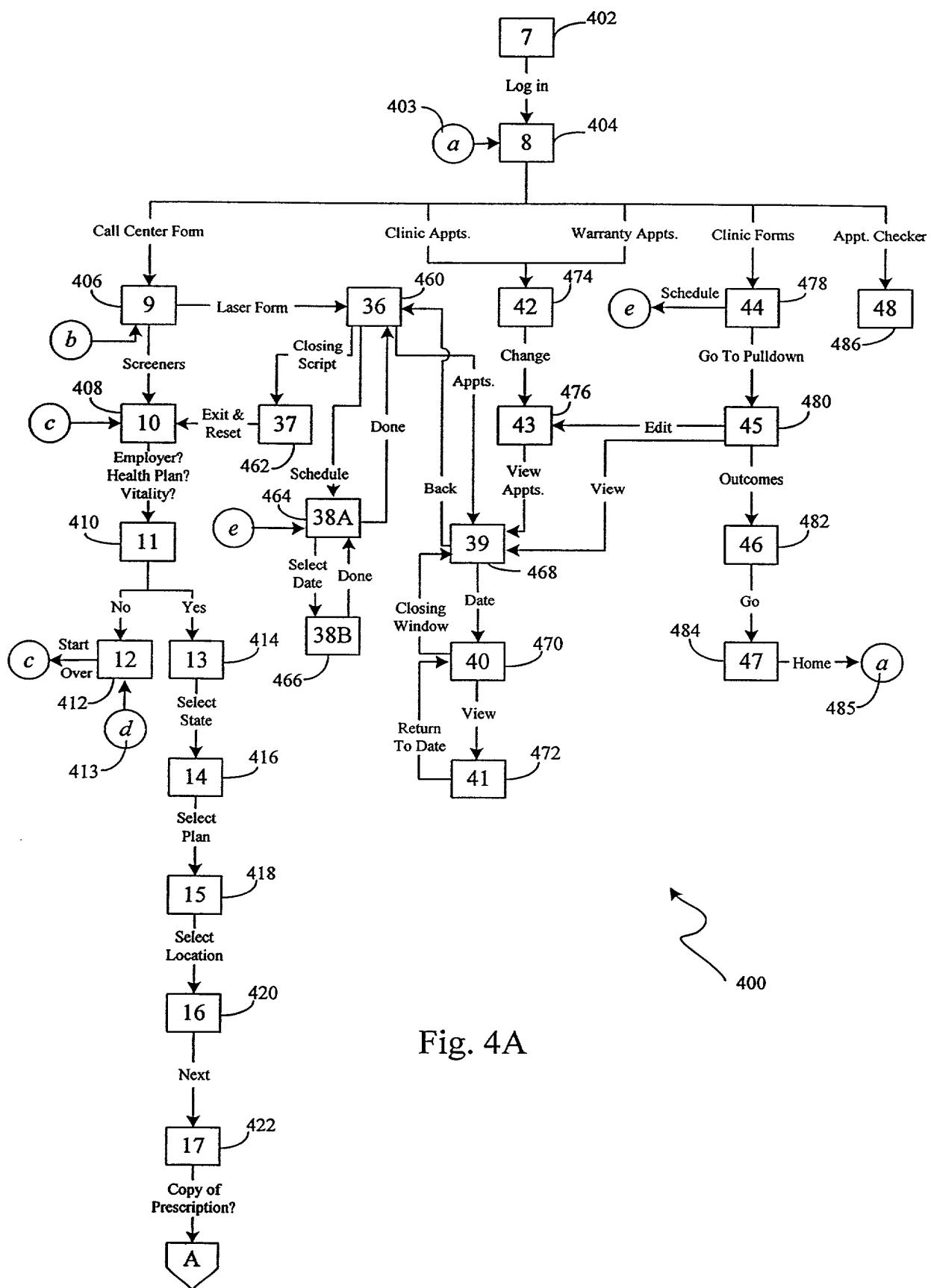


Fig. 4A

**Title: Methods and Apparatus for Facilitating the Provision of Services**

Inventors: Lindsay Atwood

Attn: Docket No. 10000.02

Customer No. 20686

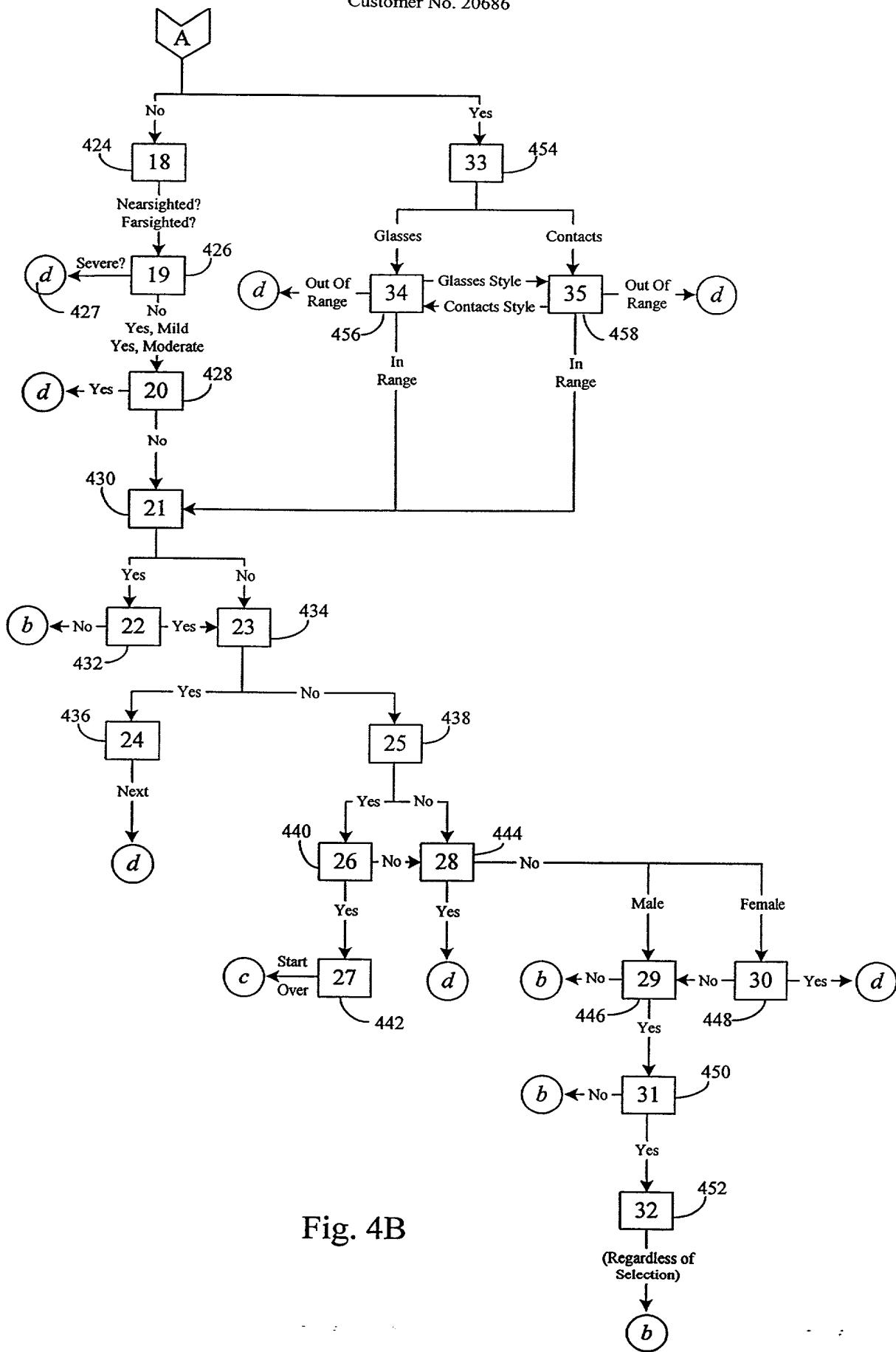


Fig. 4B

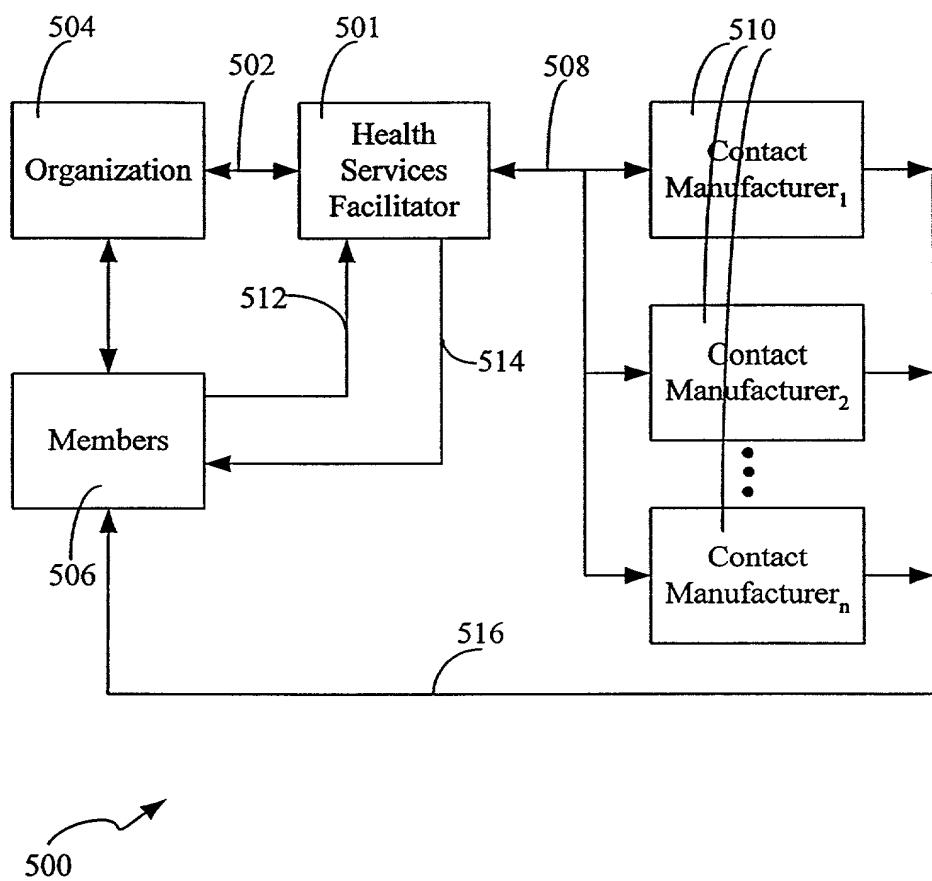


Fig. 5

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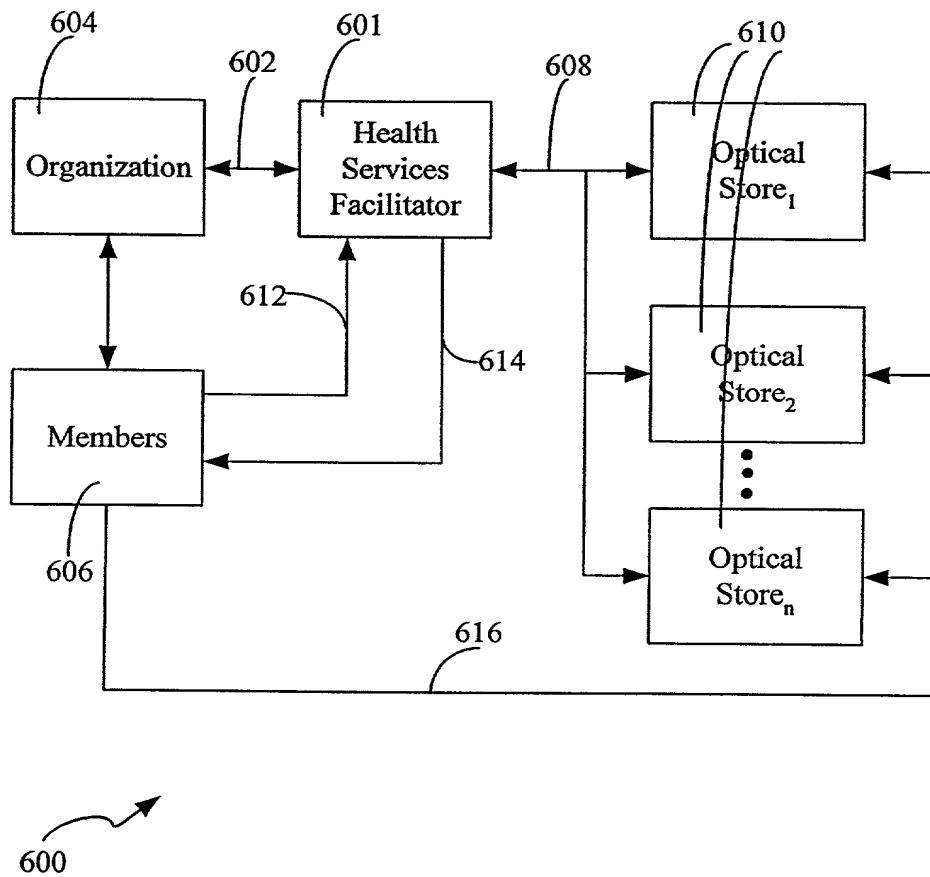


Fig. 6

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

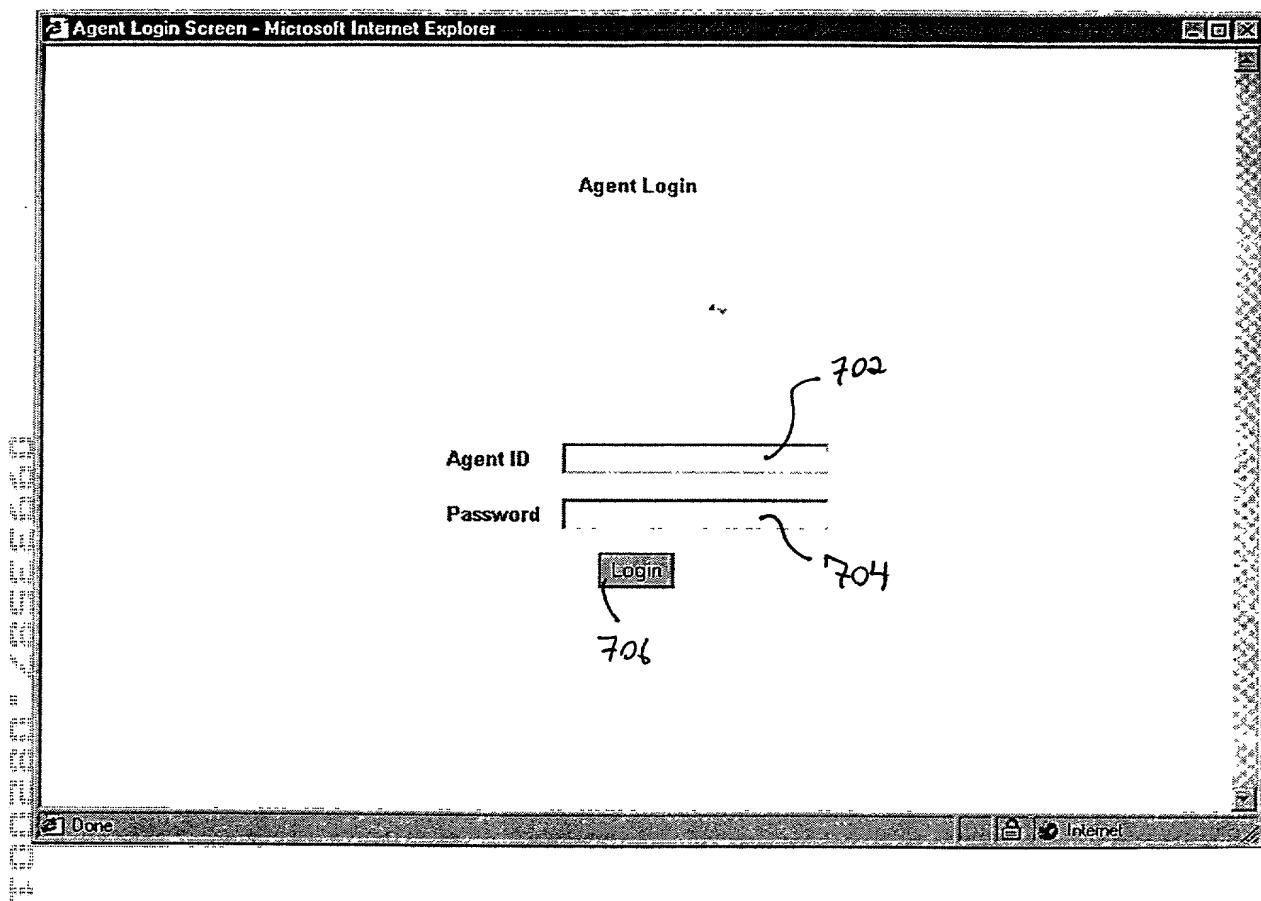


FIG. 7

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

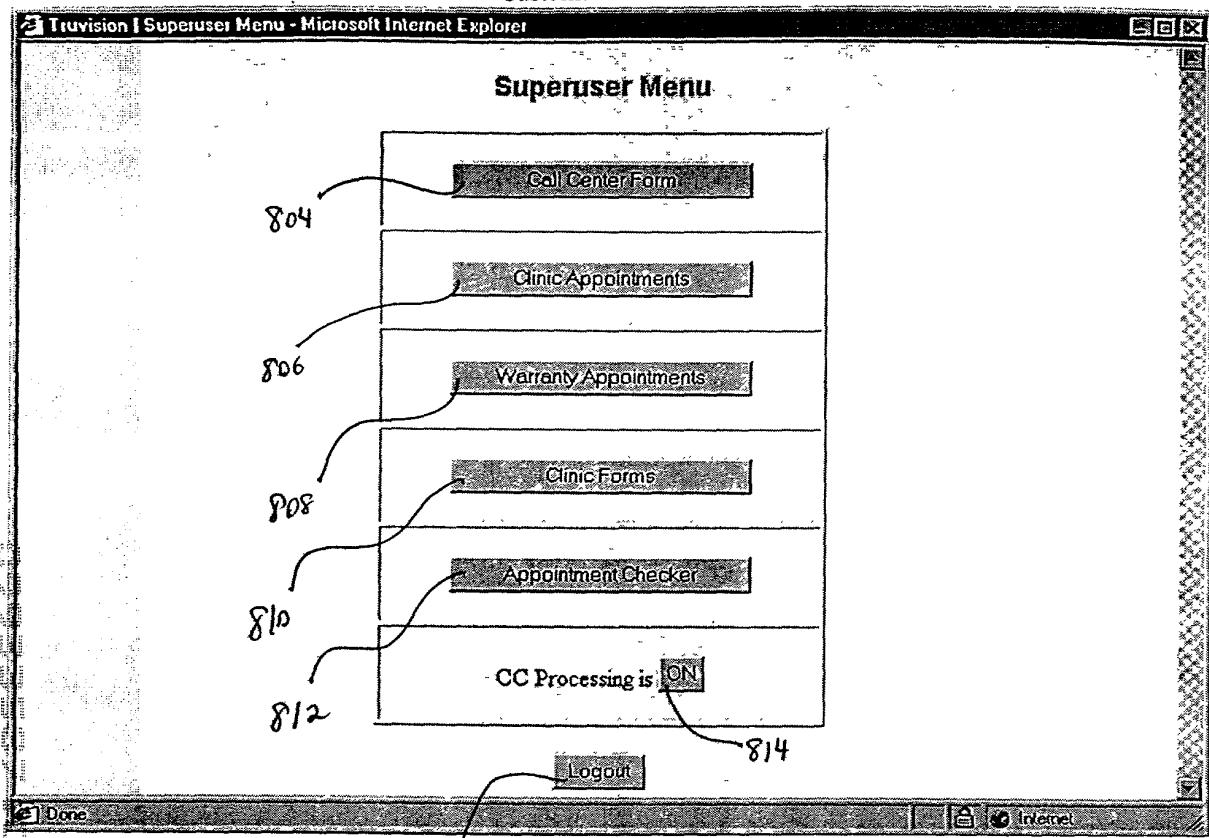


FIG. 8

TruVision | Member Form - Microsoft Internet Explorer

Insured Member Form

908

SSN  Laser Provider  Entered By  Search 915 916

First  Mid  Last  Birth Date

Home Address  City  State  Zip

Home Phone  Work Phone  Work Ext.

Email  Source  Active Date

Save  Cancel  Delete  902 904 906

Laser Form  Screeners  Logout 912 914

Done Internet

FIG. 9

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

Read the following - Microsoft Internet Explorer

Read the following:

Good morning (afternoon) this is Robert, how may I help you?

How did you hear about our program?

Employer  
HealthPlan  
Vitality

1002

Leave Screeners

1006

1004

Done

FIG. 10

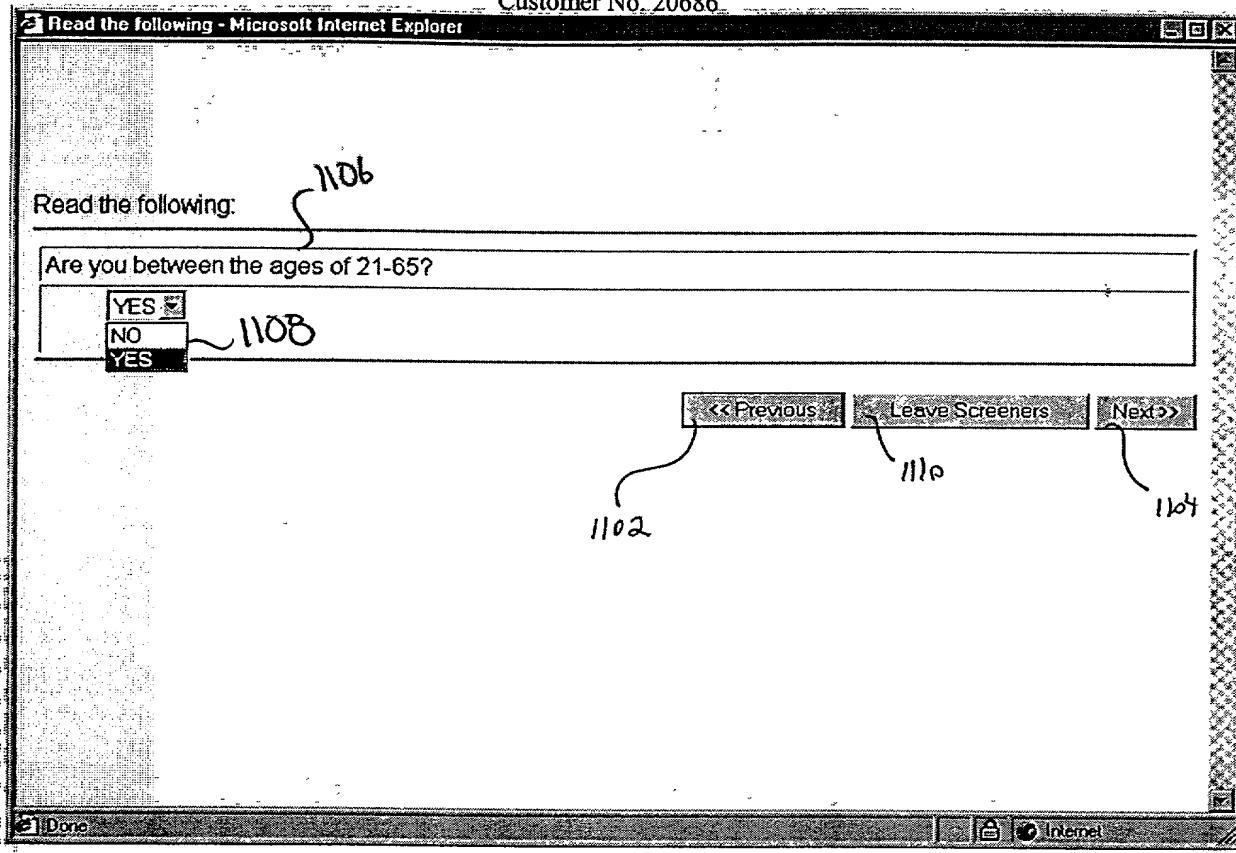


FIG. 11

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

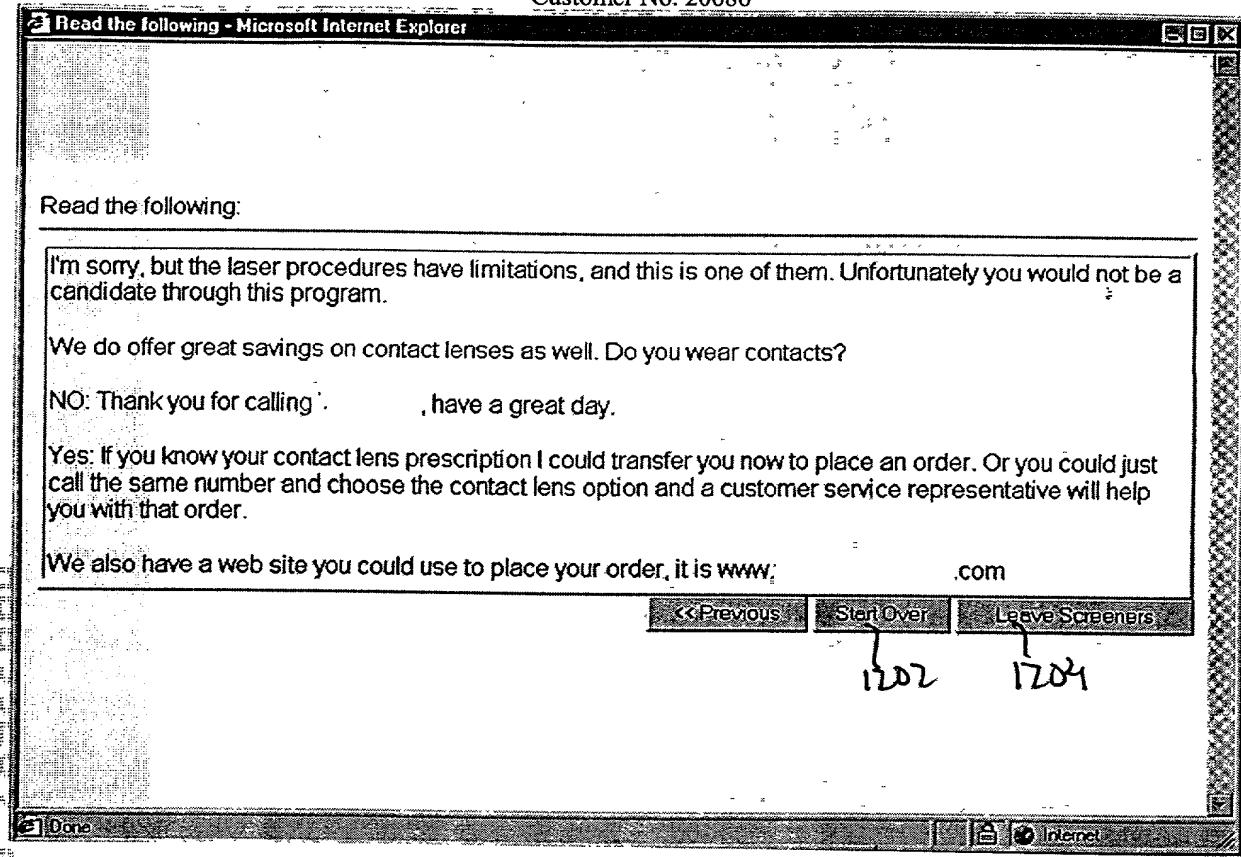


FIG. 12

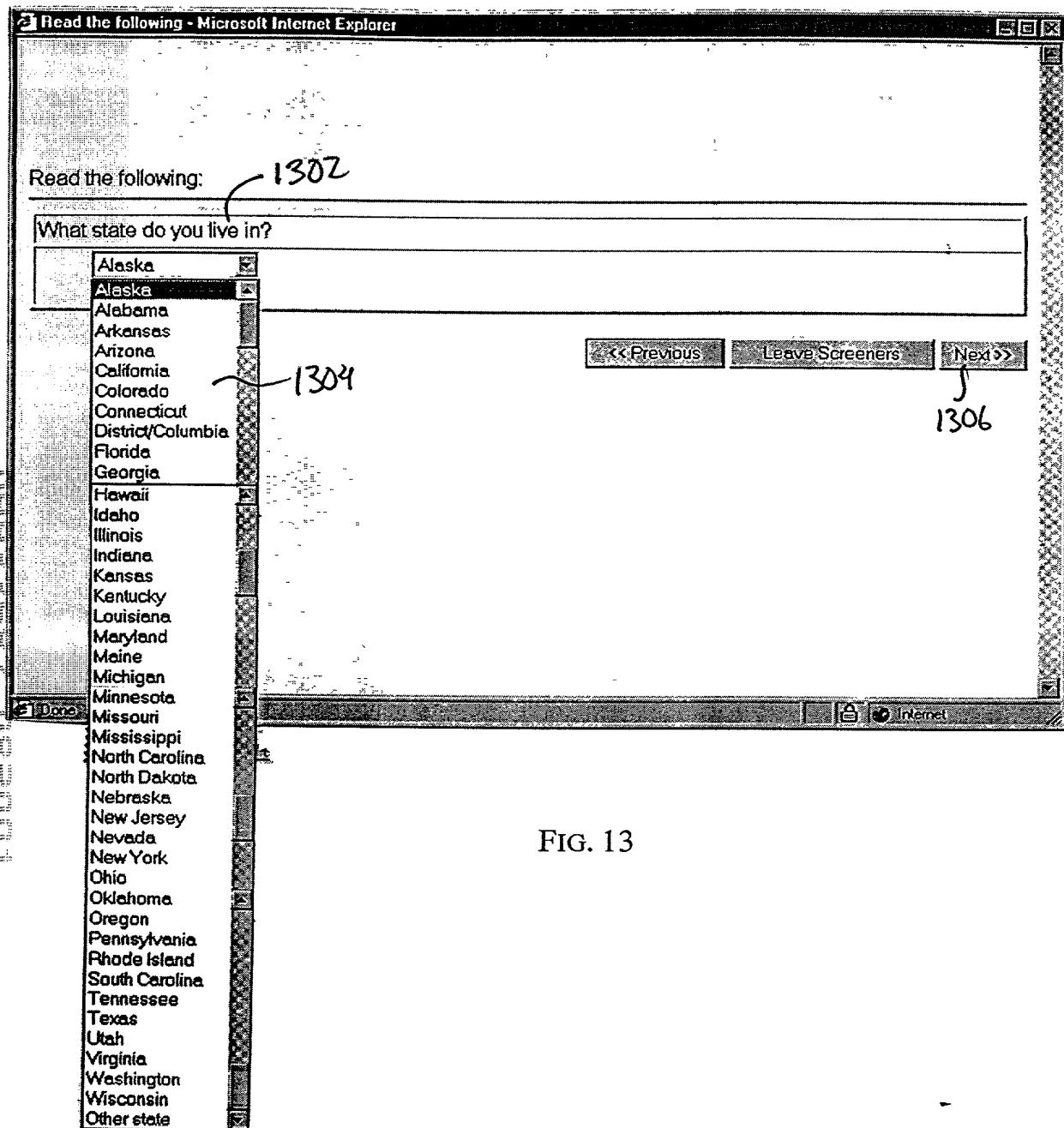


FIG. 13

1402

Read the following:

Which health plan are you with?

IF NO  
I'm so  
partic  
interes

AZ United Health Care  
AZ United Health Care  
CA Blue Cross  
CA Health Net of California  
CA UMDN (Union Members)  
Clarity - Alcoa  
Clarity - BC Northern Penn  
Clarity - BlueChip  
Clarity - Capital Blue Cross  
Clarity - Caring Foundation  
Clarity - Gateway  
Clarity - HealthGuard  
Clarity - Highmark BCBS  
Clarity - Highmark, Inc.  
Clarity - Independence BC  
Clarity - Keystone HP Central  
Clarity - Keystone HP East  
Clarity - Keystone HP West  
Clarity - OptiChoice  
Clarity - OptiChoice Gold  
Clarity - Pennsylvania BS  
Clarity - Pennvision  
Clarity - Pennvision Special  
Clarity - Security 65  
Clarity - SecurityBlue  
Clarity - VueFlex  
Clarity Vision  
Employers Health Insurance Co.  
Employers Wisconsin Insurance  
Health Value Management, Inc.  
Humana  
ID Blue Shield  
Marketpoint Agency, Inc.  
Memorial Sisters of Charity  
Memorial Sisters of Charity HM  
NCAS Nat. Claims Admin. Serv.  
OK BCBS BlueLincs  
OK BCBS Member Service Admin.  
OK BCBS PPO  
OK Blue Cross Blue Shield  
OK GHS  
OR Providence  
Pacificare  
Preferred Vision Care  
RI BCBS  
Rush Prudential  
SC BCBS (PAJ) Planned Administ  
SC BCBS Companion Healthcare  
SC BCBS Companion Life  
SC BCBS Federal Employees  
SC BCBS HMO Blue  
SC BCBS State Employees  
SC Blue Cross Blue Shield  
The Dental Concern, Inc.  
The Dental Concern, Ltd.  
TruVision Referral  
UNICARE  
Union Priority  
UT Altus  
UT BCBS  
UT BCBS Federal  
UT Employers  
UT PEHP  
UT Rocky Mountain HMO  
UT Truvision  
UT UHC  
Vision Select  
Vitality

LOWING:  
e list of eligible plans with the program. If you would like to  
t your health plan's customer service department and express your  
to you.

1404

1406

FIG. 14

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

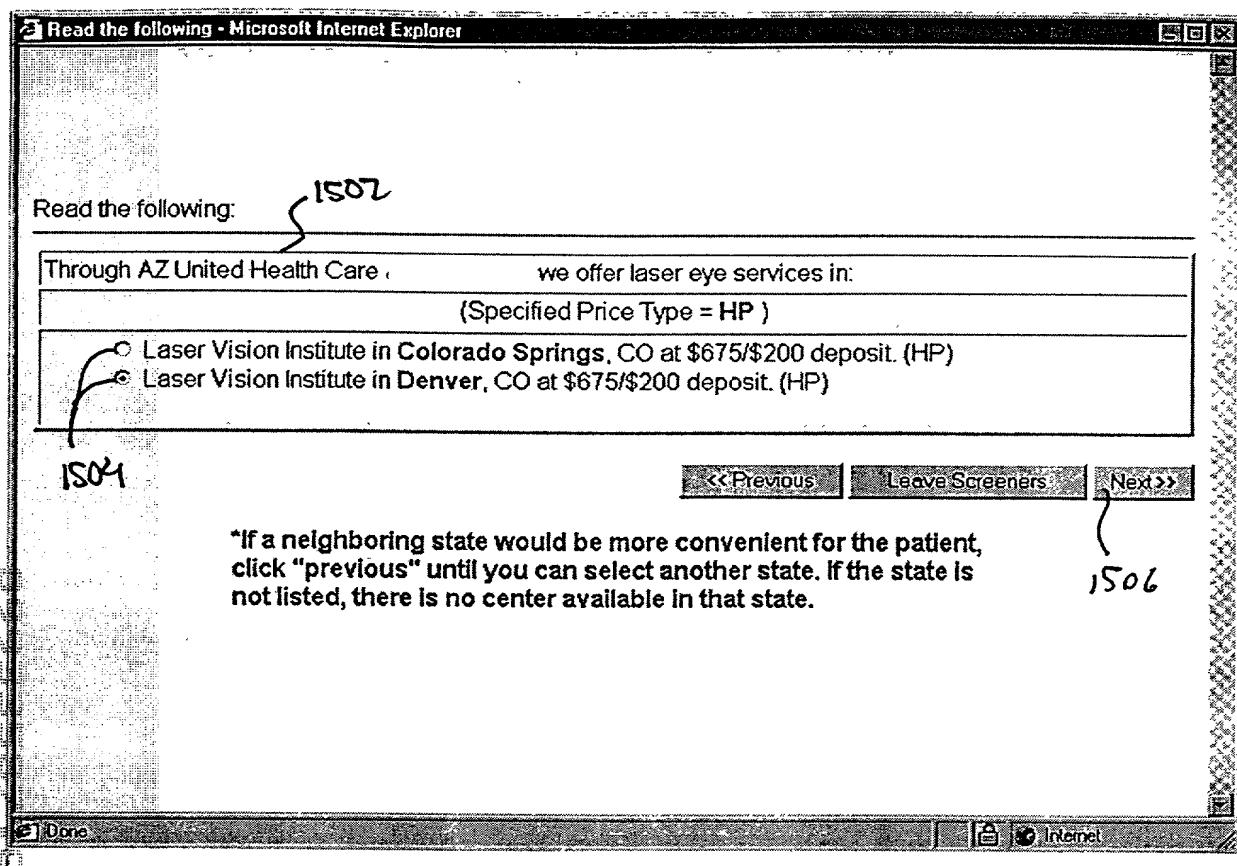


FIG. 15

1602

Read the following:

Now let me tell you a little bit about the Laser Center.

CO-LASER VISION INSTITUTE [LVI] - Denver

Because of your Health Plan, can offer GREAT SAVINGS on laser vision correction.

Price Per Eye & Deposit Amounts

Vitality Members: \$775.00 / \$400.00

All Other Health Plan Members: \$675.00 / \$200.00

- The price is per eye, and it includes a comprehensive eye exam, the laser procedure, and all pertinent follow-up visits.  
(If the caller asks you can tell them follow-up visits are normally set at 1 day, 1 week, 1 month and 3 month)

- This deposit is required to schedule your pre-operative exam, which reserves your exam date. This deposit is fully refundable if you decide not to have the procedure or if you are found not to be a candidate. The refund is processed 30 days from the date of cancellation. Otherwise, your deposit is applied to the price of the procedure.

(The \$450 price per eye is a promotional offer, and only applies to persons with a prescription of -2.00 or lower with no astigmatism. This will be determined at the initial exam.)

We have excellent surgeons and the doctor in your area is Dr. Paul E. Cutarelli.

Dr. Paul E. Cutarelli is abreast of all the latest developments in eye surgery and has remained involved with ophthalmology resident teaching and medical student teaching since 1995. He has done research in various areas of ophthalmology and has published numerous articles involving Laser treatments. He is the recipient of numerous research awards and has written various book chapters involving the Excimer as well as the Nidek Laser. Dr. Cutarelli has completed over 10,000 LASIK procedures.

The name of the laser center is the.....

Laser Vision Institute

7900 East Union Ave., Suite 100, Tower III

Denver, CO 80237

Web Address: [www.laservisioninstitute.com](http://www.laservisioninstitute.com)

- (If the caller asks you can tell them that at this location they use an FDA approved Nidek EC 5000 Laser.)  
(If they ask further questions, tell them the Nidek corrects for Nearsightedness and Astigmatism.)

- If you'd like to schedule a comprehensive exam I'll need to ask you some basic medical screening questions which will help determine if you are a possible candidate for the procedure.

- Yes, click on "Next"

- No,

Thank you for calling ..... If you have further questions please visit our website at [www. .... .com](http://www. .... .com) or you can call me back at XXX-XXX-XXXX Ext. XXXX.  
Goodbye.

1606 1604

[Previous](#) [Next](#) [Screeners](#) [Home](#)

FIG. 16

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

Read the following - Microsoft Internet Explorer

1707

Read the following:

Do you have a copy of your most current prescription?

Yes  
 No

1708

« Previous | Leave Screeners | Next »

Done | Internet

FIG. 17

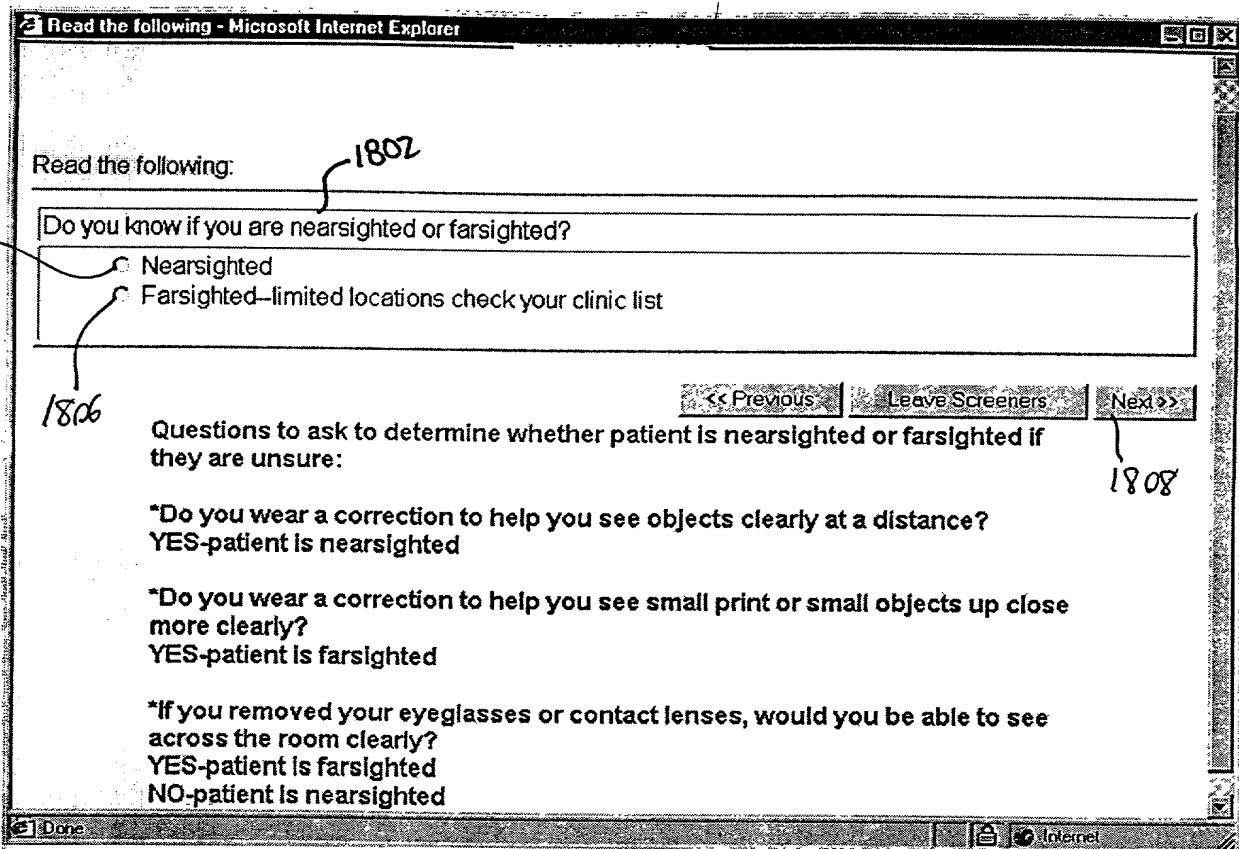


FIG. 18

Read the following - Microsoft Internet Explorer

1907

Read the following:

Do you have any astigmatism?

1906

No  
 Yes, Mild  
 Yes, Moderate  
 Severe

1908

1909

<< Previous      Leave Screeners      Next>>

What Is astigmatism? Astigmatism is when the corneal surface is irregular. It is more football shaped than basketball shaped. Typically if you have any astigmatism your doctor will have explained this to you during an exam.

Done      Internet

FIG. 19

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

Read the following - Microsoft Internet Explorer

2002

Read the following:

Has your lens prescription changed significantly in the past year?

2003 → Yes  
2003 → No  
2004

2003

<< Previous | Leave Screeners | Next>>

Done Internet

FIG. 20

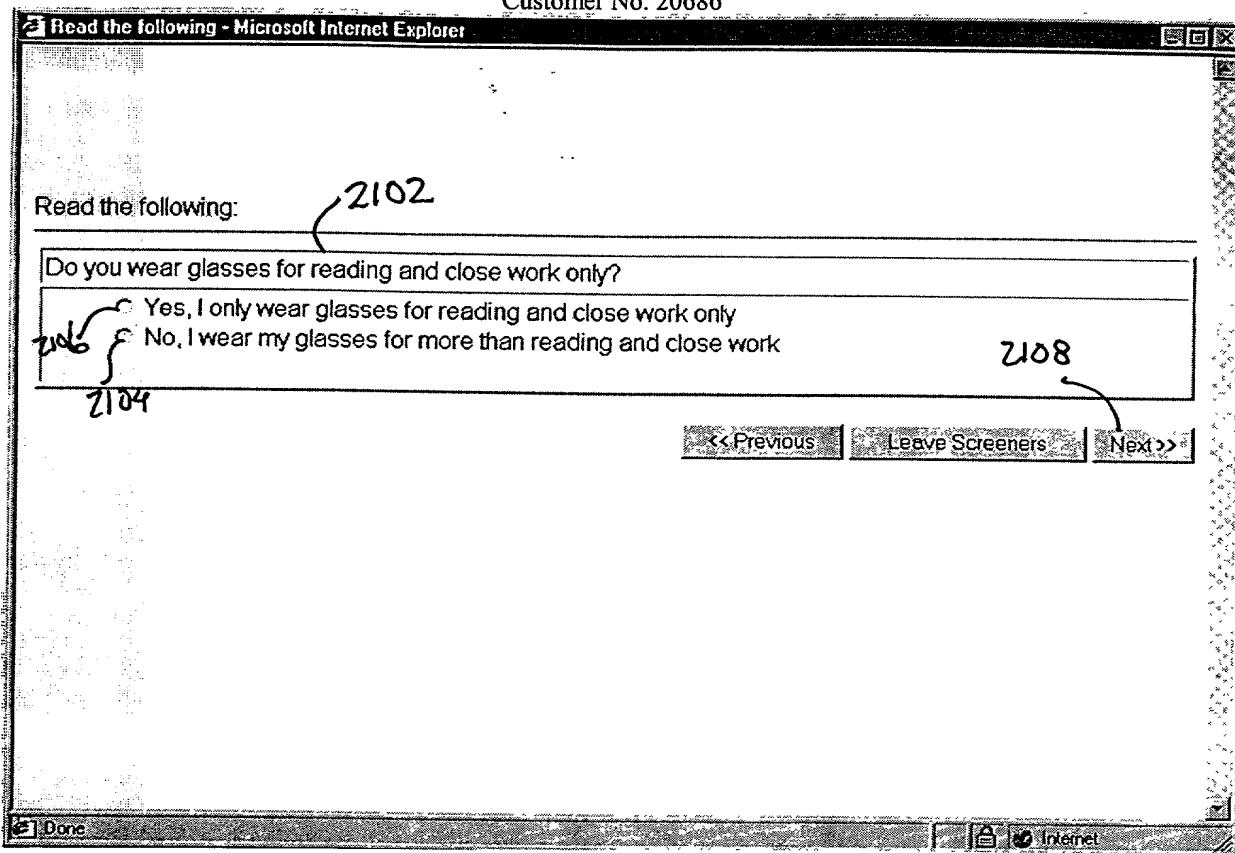


FIG. 21

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

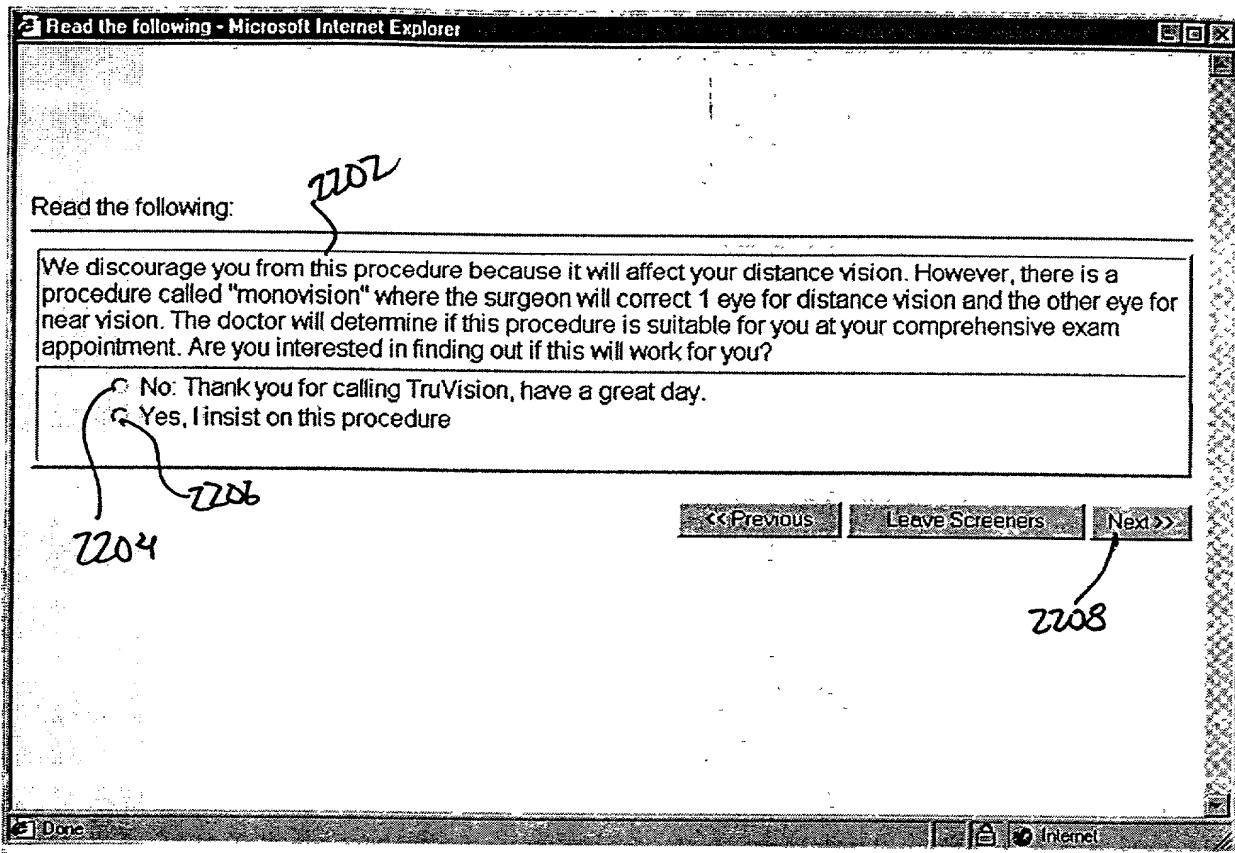


FIG. 22

Read the following - Microsoft Internet Explorer

2302

Read the following:

Are you aware of any medical conditions related to your eyes such as **glaucoma, cataracts, keratoconus, RK (radial keratotomy) or amblyopia (lazy eye)?**

Yes  No

2304 2306

2308

<<Previous | Leave Screeners | Next>>

Done

Internet

FIG. 23

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

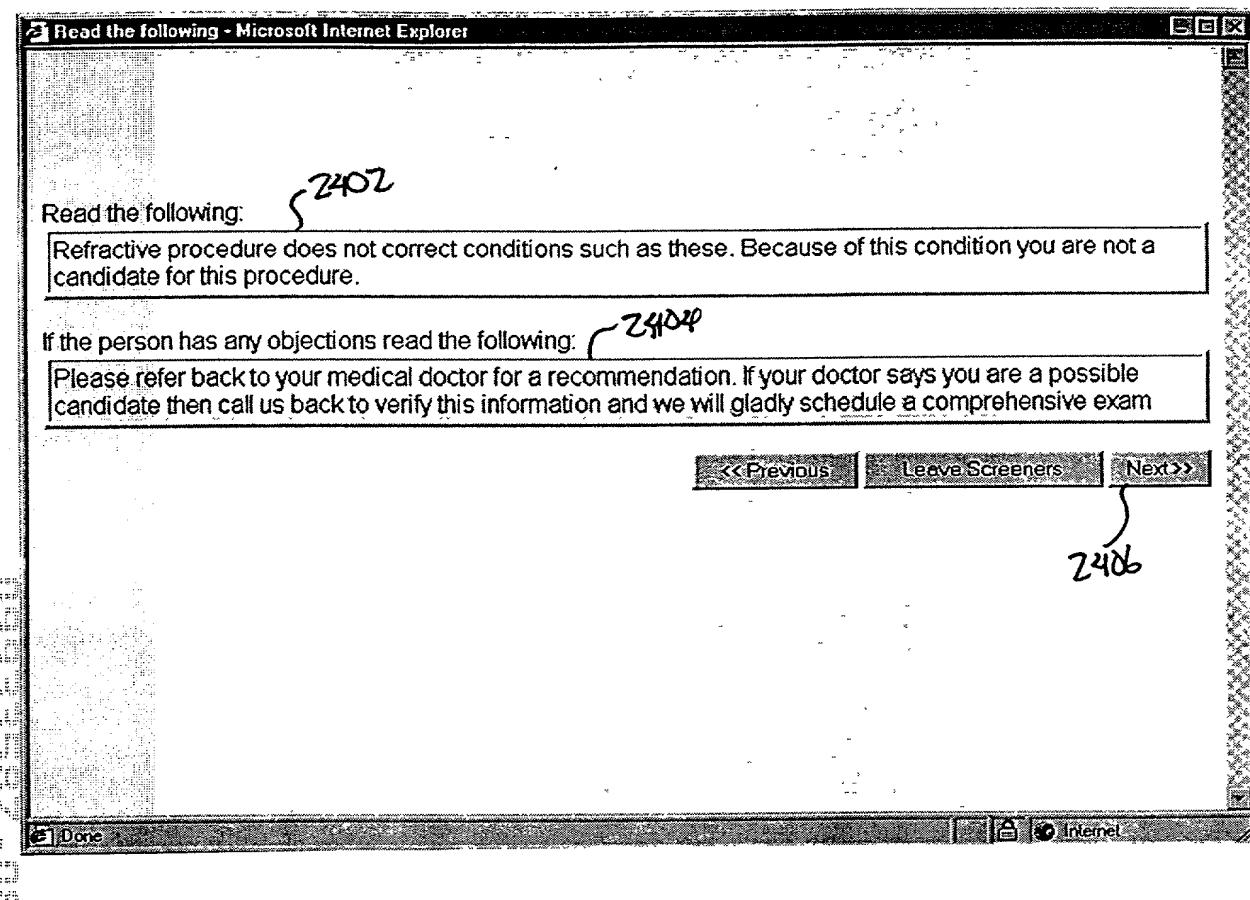


FIG. 24

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

Read the following - Microsoft Internet Explorer

Read the following: *2507*

Do you have diabetes?

Yes  
 No

*2504*

*2508*

*2501*

[<<Previous](#) [Leave Screeners](#) [Next>](#)

Done

Internet

FIG. 25

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

Read the following - Microsoft Internet Explorer

Read the following: *2602*

Do you take medication to control your diabetes?

Yes  
 No

*2606*

[\*\*<< Previous\*\*](#) [\*\*Leave Screeners\*\*](#) [\*\*Next >>\*\*](#) *2608*

Done

Internet

FIG. 26

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

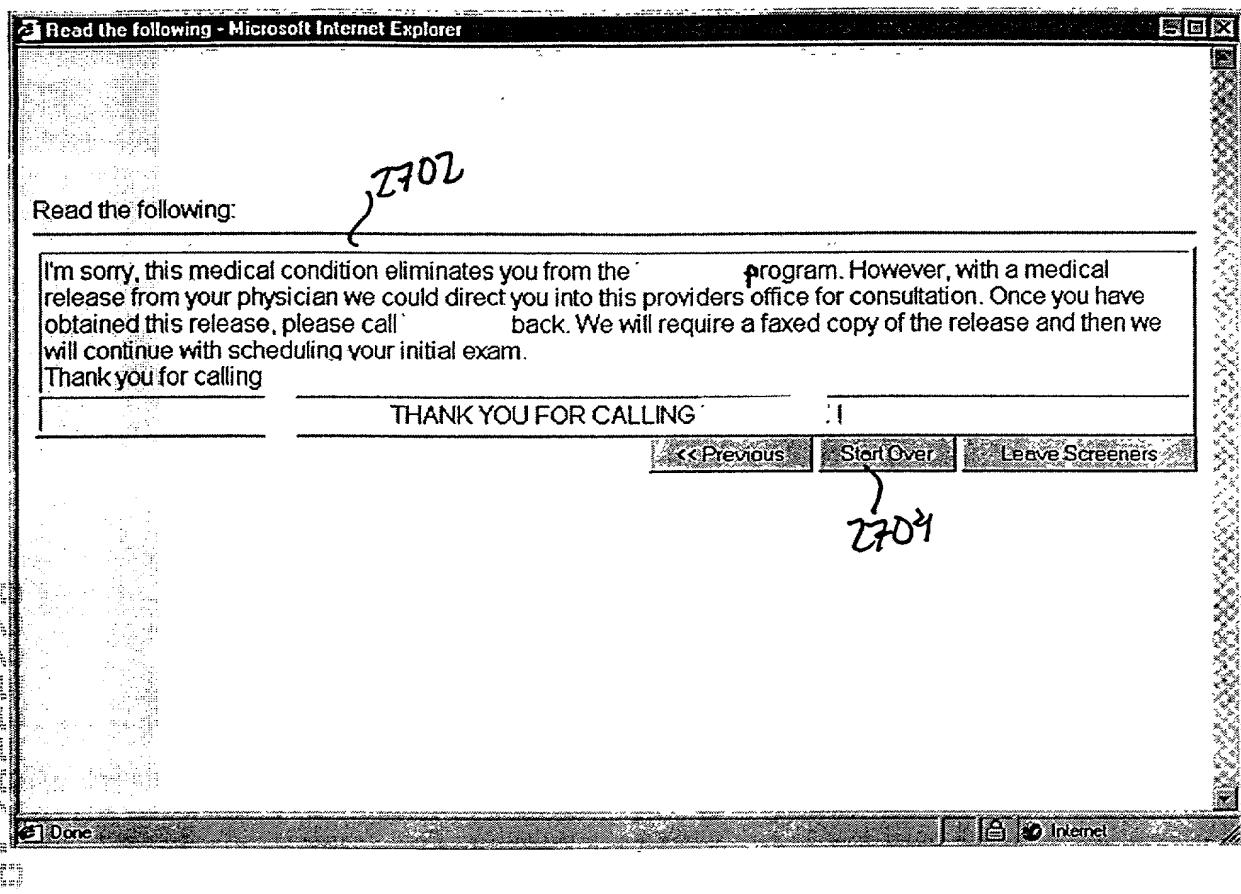


FIG. 27

Read the following - Microsoft Internet Explorer

2802

Read the following:

2804

2805

Do you suffer from or take medication for an auto-immune disease or rheumatological conditions?

Examples: Lupus, Rheumatoid arthritis, Chronic fatigue syndrome

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(IF NOT SURE, ASK) Are you male or female?

Male

Female

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<p

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

Read the following - Microsoft Internet Explorer

Read the following: 2907

It looks like you could be an excellent candidate based on your answers to our screening questions. We have had an overwhelming response to this program. We are scheduling on a first come first served basis. To secure your time slot now, we would need to collect some information and a fully refundable deposit using any major credit card. This will allow us to actually schedule your comprehensive exam. Are you ready to schedule now?

Yes  
 No

2906

2908

<<Previous | Leave Screeners | Next>>

Done Internet

FIG. 29

2 Read the following - Microsoft Internet Explorer

3007

Read the following:

Are you pregnant, nursing, or expecting to become pregnant?

3008

Yes, I am (or am planning on being) pregnant  
 No, I am not pregnant

3006

[« Previous](#) [Leave Screeners](#) [Next »](#)

Done Internet

FIG. 30

Read the following - Microsoft Internet Explorer

3102

Read the following:

Do you wear contact lenses, or have you worn contact lenses during the past 3 months?

3104    Yes  
3104    No

3106

3108

<< Previous   Leave Screeners   Next >>

Done   Internet

FIG. 31

3207

Read the following:

Different types of contacts must be left out for varying periods of time prior to the comprehensive exam.  
What type of lenses do you wear?

Type of contact	Period of time
<input checked="" type="radio"/> Soft	2 weeks
<input checked="" type="radio"/> Extended Wear Soft	4 weeks (Patient sleeps in)
<input type="radio"/> Soft Toric	4 weeks
<input type="radio"/> Hard Toric	6 weeks
<input type="radio"/> Rigid Gas Permeable	4 weeks
<input checked="" type="radio"/> Rigid Gas Permeable	6 weeks if worn 20+ years
<input type="radio"/> Rigid Gas Permeable	8 weeks if worn 30+ years
<input type="radio"/> True Hard (PMMA)	8 weeks

3204

3206

**REMEMBER! Schedule appointment according to this information.**

<< Previous      Leave Screeners      Next >>

Done

FIG. 32

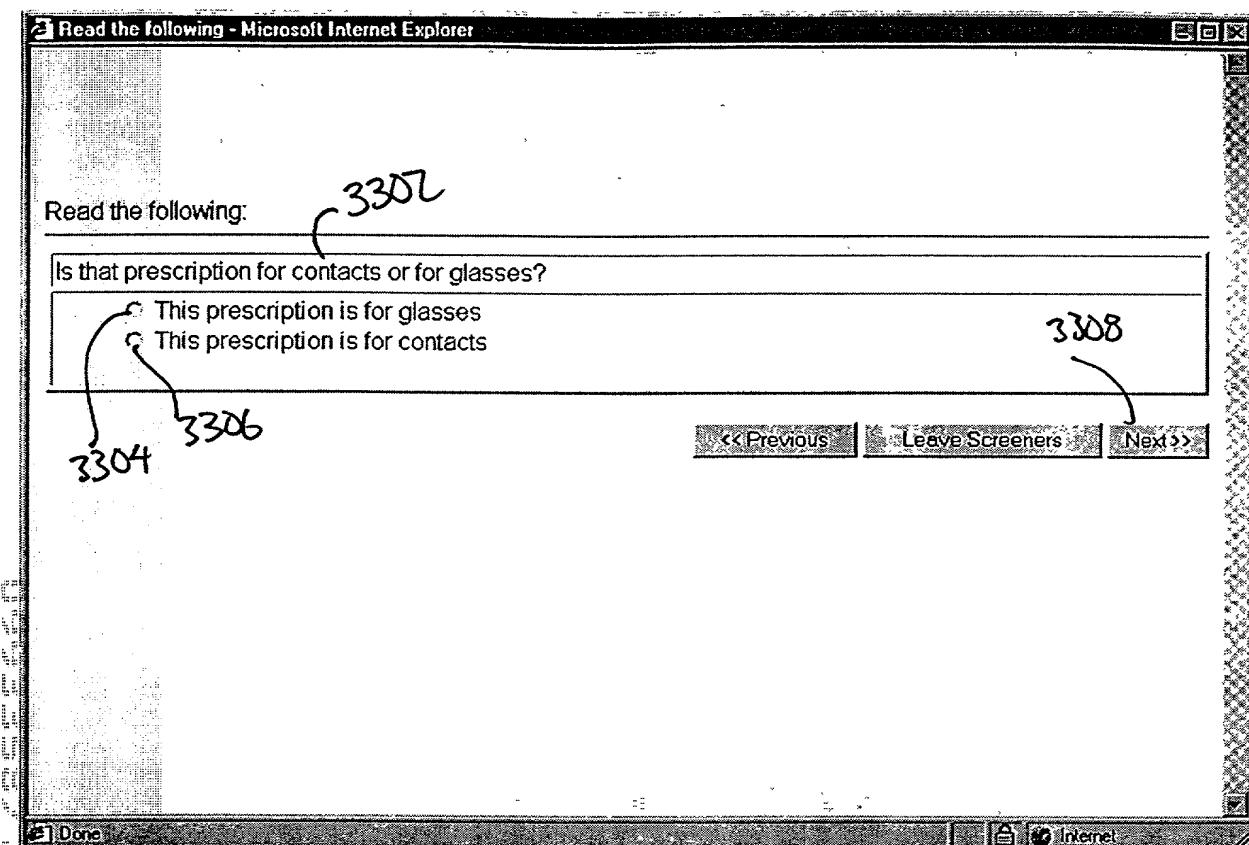


FIG. 33

Read the following - Microsoft Internet Explorer

Read the following: *3402*

Can you read me your prescription?

	Sphere	Cylinder	Axis
Right Eye	OD	<input type="text"/>	<input type="text"/> x <input type="text"/>
Left Eye	OS	<input type="text"/>	<input type="text"/> x <input type="text"/>
Bifocal Power	<input type="text"/> Add (Also may be "NV")		

**Sphere**  
Range: (+5.00 to -12.00)  
(+) = indicates farsighted person  
(-) = indicates nearsighted person

**Cylinder**  
Range: (+4.00 to -4.00)

**Axis**  
Range: (1-180)

(DO NOT READ) Click here if contact prescription is in "contacts" style *3403*

*3404*    *3405*

Internet

FIG. 34

Read the following - Microsoft Internet Explorer

Read the following: *3507*

Can you read me your prescription?

	Sphere	Cylinder	Axis
Right Eye	OD		x
Left Eye	OS		x

*3504* *3504*

Sphere  
Range: (+5.00 to -12.00)  
(+) = indicates farsighted person  
(-) = indicates nearsighted person

Cylinder  
Range: (+4.00 to -4.00)

Axis  
Range: (1-180)

(DO NOT READ) Click here if contact prescription is in 'glasses' style

Out of Range *3506*

[<< Previous](#) [Leave Screeners](#) [Next >>](#)

Done

Internet

FIG. 35

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

**Call Center Laser Form**

ID <input type="text" value="1002991"/>	Entered By <input type="text" value="Becky Chase"/>		
First <input type="text" value="Ursilla"/>	Mid <input type="text" value="Q"/>	Last <input type="text" value="Smith"/>	Birth Date <input type="text" value="01/02/1974"/>
Home Address <input type="text" value="6975 Union"/>	City <input type="text" value="Midvale"/>	State <input type="text" value="AZ"/>	Zip <input type="text" value="84123"/>
Home Phone <input type="text" value="(809) 744-7688"/>	Work Phone <input type="text"/>	Work Ext <input type="text"/>	
Email <input type="text" value="usmith@earthlink.com"/>	Source <input type="text" value="Open Enrollment"/>	Active Date <input type="text" value="09/08/2000"/>	
<i>3610</i>			
Entered By <input type="text" value="Becky Chase"/>	Laser Center		
AK-OurTown - TEST CLINIC \$749/\$200 HP			
Plan Type <input type="text" value="UT Truvision"/>	<input type="checkbox"/> Follow up	Followup Date <input type="text"/>	Best Call Time <input type="text"/>
Date Paid <input type="text"/>	CC AuthCode <input type="text" value="4456"/>	CC Transaction ID <input type="text" value="44875654"/>	Card Approved <input type="checkbox"/>
Current Comprehensive <input type="text" value="Tuesday, August 14th, 2001 - 9:45 am"/>	<input type="checkbox"/> Schedule	<input type="checkbox"/> Paid in full	<input type="checkbox"/> One Eye Only
Transfer To <input type="text"/>	Contact Status <input type="text"/>	<i>3614</i>	
Surgery Scheduled Date <input type="text" value="08/14/2001"/>	Booked Date <input type="text" value="12/14/2000"/>	Refund Amt <input type="text"/>	<input type="checkbox"/>
Surgery Scheduled Time <input type="text" value="2:00 PM"/>	Cancelled Date <input type="text"/>	Refund Date <input type="text"/>	<input type="checkbox"/>
Surgery Performed Date <input type="text"/>	ReasonCancelled <input type="text"/>	Refund Auth # <input type="text"/>	<input type="checkbox"/>
Refund Refund XID <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser Notes <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Save <input type="button"/>	Cancel <input type="button"/>	Closing Script <input type="button"/>	Appointments <input type="button"/>
Done <input type="button"/>	Home <input type="button"/>	Logout <input type="button"/>	<a href="#">External</a> <input type="button"/>

*3626 3608 3616 3612 3604 3602*

FIG. 36

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

**Confirmation Screen**

3702

Read the following:

Now to confirm your appointment, it is Saturday, August 11th, 2001 at 8:00 am

The clinic is located at:  
123 S. Main St  
OurTown, AK

This pre-operative exam will take about 1-1 1/2 hours. Your eyes will be dilated so you will need a driver and if you have sunglasses, you may want to bring them as well. Arrive a few minutes early to fill out any paperwork necessary and have your insurance card with you to verify your eligibility for the special prices.

Any information about the laser or surgical procedures can be answered by the clinic at your pre-operative exam. Thank you for calling and good luck.

Exit and Reset

3704

Done

Internet

FIG. 37

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

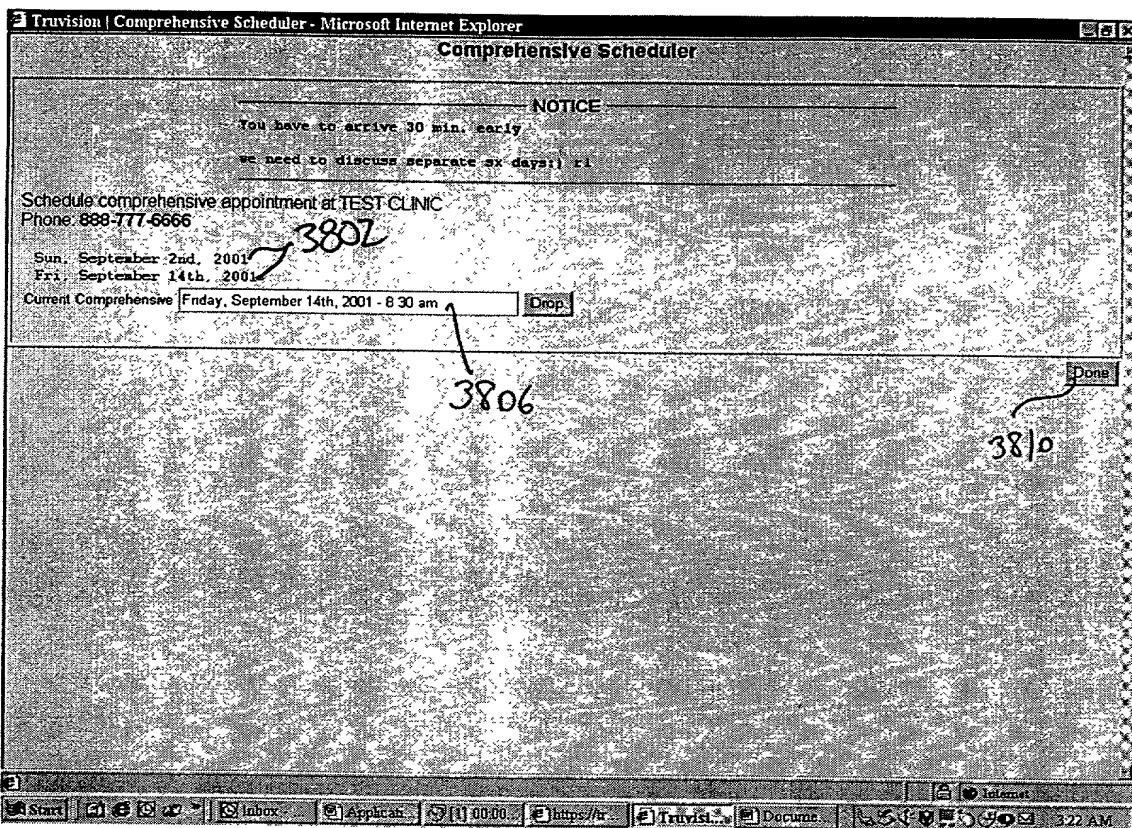


FIG. 38A

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

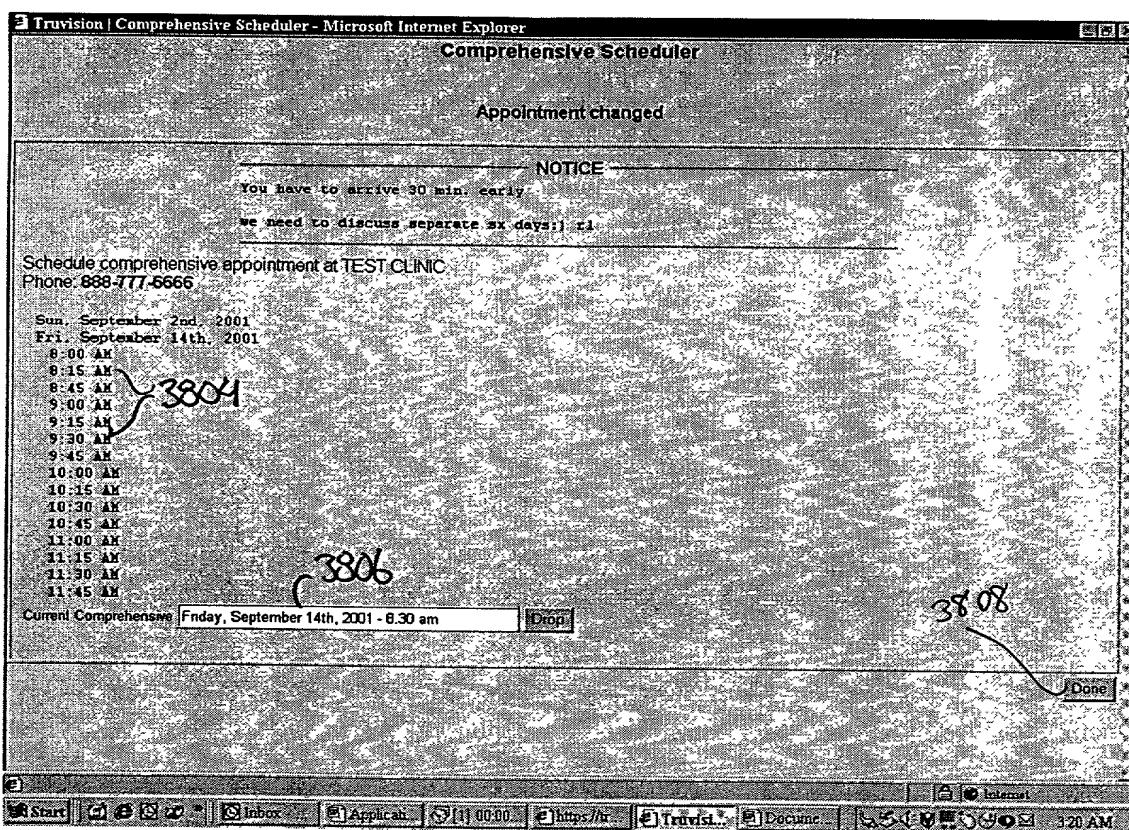


FIG. 38B

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

## TEST CLINIC Laser Center Appointment Book

Click on a particular day to view that day's appointments

**DATE**  
Tuesday, August 14, 2001 → 3902  
Saturday, September 1, 2001  
[<< Back](#)  
3904

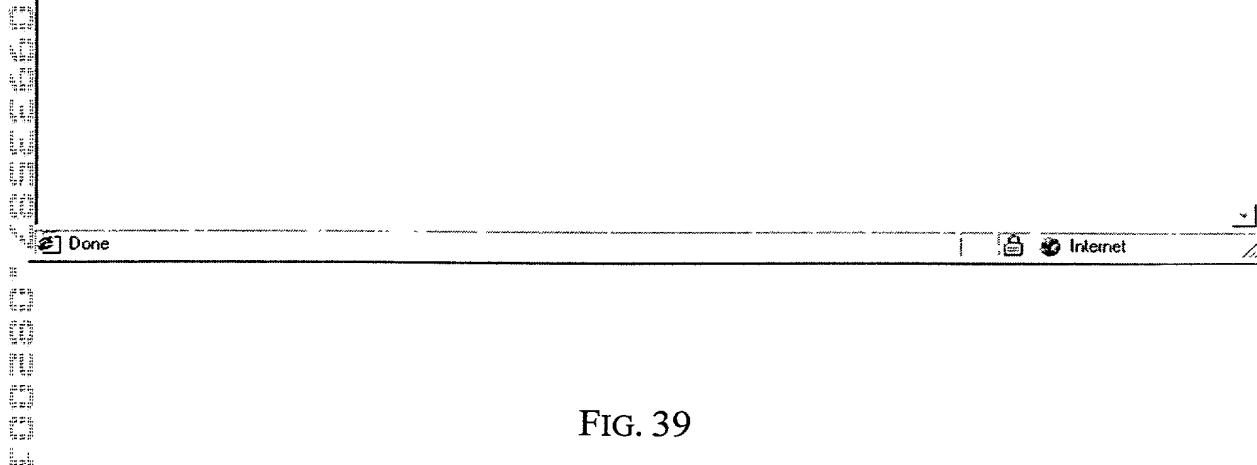


FIG. 39

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

Print

## Appointment Schedule

Tuesday, August 14, 2001

Appointment Time	Patient Name	Patient Phone	Patient Info
9:45 AM	Ursilla Smith	(809) 744-7688	<a href="#">View</a>
9:45 AM	-----	-----	-----
9:45 AM	-----	-----	-----
9:45 AM	-----	-----	-----
10:45 AM	-----	-----	-----
10:45 AM	-----	-----	-----
10:45 AM	-----	-----	-----
10:45 AM	-----	-----	-----
11:45 AM	-----	-----	-----
11:45 AM	-----	-----	-----
11:45 AM	-----	-----	-----
11:45 AM	-----	-----	-----

[View individual patient info for this day](#)

FIG. 40

Title: Methods and Apparatus for  
Facilitating the Provision of Services

Inventors: Lindsay Atwood

Atty. Docket No. 10000.02

Customer No. 20686

MemberID	1002991	Laser Provider	Test	Entered By	Becky Chase
First	Ursilla	Mid	Q	Last	Smith
Home Address	6975 Union	City	Midvale	Birth Date	01/02/1974
Home Phone	(809) 744-7688	Work Phone		State	AZ
Email	usmith@earthlink.com	Source	Open Enrollment	Zip	894123
				Work Ext	
				Active Date	09/08/2000
Plan Type	UT Truvision	Deposit	200	Price	749
Current Comprehensive	Tuesday, August 14th, 2001 - 9:45 am			Paid in full <input checked="" type="checkbox"/>	
Booked Date	12/14/2000	laserNotes			

4102

FIG. 41

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

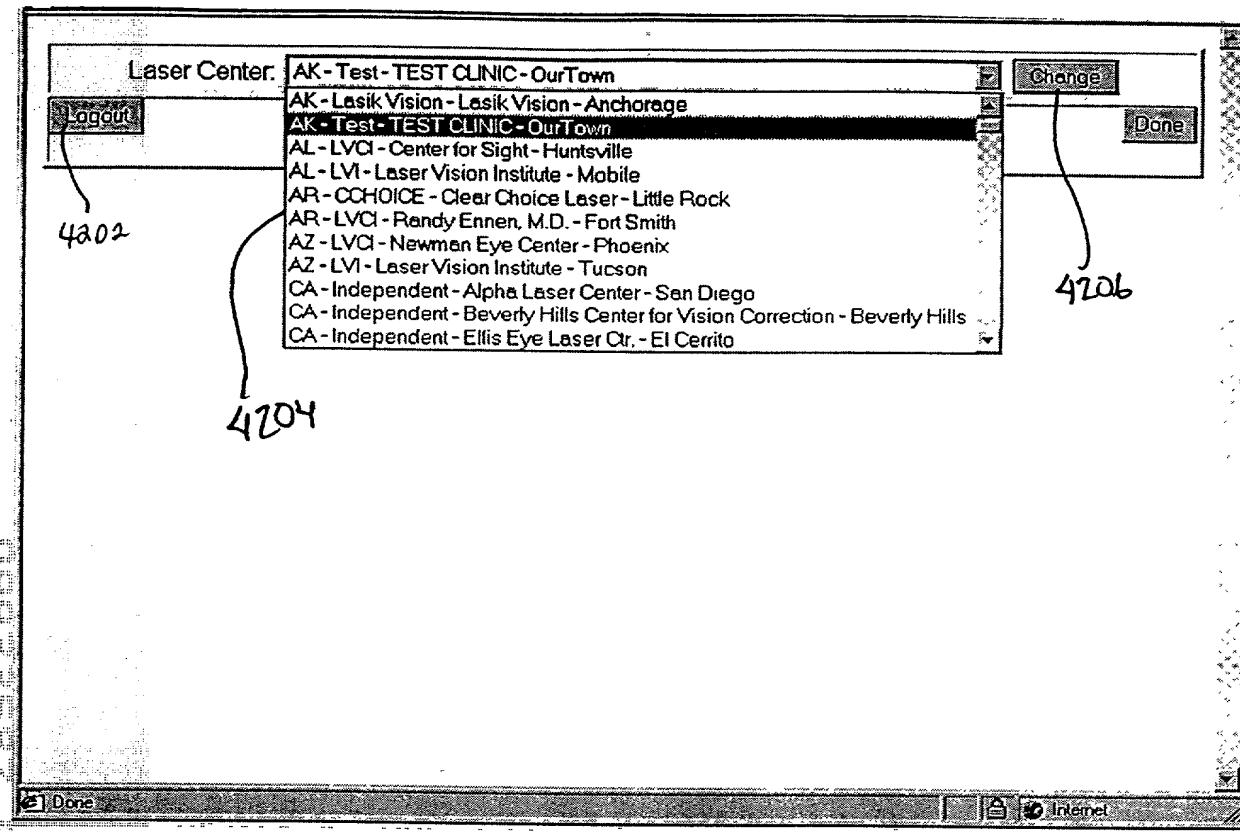


FIG. 42

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

Added 16 appointments between 8:00 am and 12:00 pm on 09/14/2001

Laser Center: AK-Test-TEST CLINIC-OurTown

Date: 09 / 14 / 2001  
Start time: 08 : 00 am   
End time: 12 : 00 pm

Generate 1 entries every 15 minutes

4302

-- OR --

Single entry: mm / dd / yyyy hh : mm am

4304

Laser Center Notes:  
You have to arrive 30 min. early  
we need to discuss separate sx days:) r1

4308

4308

FIG. 43

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

**Clinic Laser Form**

ID <input type="text" value="1002991"/>	Laser Provider <input type="text" value="Test"/>	Entered By <input type="text" value="Becky Chase"/>
First <input type="text" value="Ursilla"/>	Mid <input type="text" value="Q"/>	Last <input type="text" value="Smith"/>
Home Address <input type="text" value="6975 Union"/>	City <input type="text" value="Midvale"/>	Birth Date <input type="text" value="01/02/1974"/>
Home Phone <input type="text" value="(809) 744-7688"/>	Work Phone <input type="text"/>	State <input type="text" value="AZ"/> Zip <input type="text" value="94123"/>
Email <input type="text" value="usmith@earthlink.com"/>	Source <input type="text" value="Open Enrollment"/>	Active Date <input type="text" value="09/08/2000"/>

Plan Type <input type="text" value="UT Truvision"/>	Deposit <input type="text" value="\$200"/>	Price <input type="text" value="\$749"/>
Current Comprehensive <input type="text" value="Tuesday, August 14th, 2001 - 9:45 am"/>	<input type="button" value="Schedule"/>	<input type="checkbox"/> Paid in full <input type="checkbox"/> One Eye Only
Surgery Scheduled Date <input type="text" value="08/14/2001"/>	4406	Booked Date <input type="text" value="12/14/2000"/>
Surgery Scheduled Time <input type="text" value="2:00 PM"/>		Cancelled Date <input type="text"/>
Surgery Performed Date <input type="text"/>		ReasonCancelled <input type="text"/>
Laser Notes <input type="text"/>	<input type="button" value="GO TO"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Print"/>	4408	

4402  
4404

Done

FIG. 44

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

**Clinic Laser Form**

ID: 1002991 Laser Provider: Test Entered By: Becky Chase

First: Ursilla Mid: Q Last: Smith Birth Date: 01/02/1974

Home Address: 6975 Union City: Midvale State: AZ Zip: 94123

Home Phone: (809) 744-7688 Work Phone: Work Ext:

Email: usmith@earthlink.com Source: Open Enrollment Active Date: 09/08/2000

Plan Type: UT Truvision Deposit: \$200 Price: \$749

Current Comprehensive: Tuesday, August 14th, 2001 - 9:45 am

Paid in full  One Eye Only

Surgery Scheduled Date: 08/14/2001 *4512*  
Surgery Scheduled Time: 2:00 PM *4506*  
Surgery Performed Date: *4508*

Reason: *4503*    *4510*

Reason: *4503*    *4510*

Laser Notes: *4502 4504*

Done  Internet

**GO TO -**  
Home  
Outcomes  
Comprehensive Exams  
Edit  
View  
Warranty Exams  
Edit  
View

FIG. 45

**OUTCOMES INFORMATION**

*4602*

Patient Name: Ursilla Smith  1002991

Exam History: *4604*   *4609*

Exam Type: *4602*

pre-op/surgery  
 post-op 1 Day  
 post-op 1 Week  
 post-op 1 Month  
 post-op 3 Month  
 post-op Annual  
 enhancement

Internet

FIG. 46

## OUTCOMES INFORMATION

Patient Name: Ursilla Smith

Exam History: New Exam  Exam Type: post-op 3 Month  Date: 04/26/2001

Examining Doctor Name: Dr. John Smith

OD OS

VAsc 20/10 <input checked="" type="checkbox"/>	VAcc 20/10 <input checked="" type="checkbox"/>
(MR) 50	X
VD 0 mm	
K-readings (diopters) / X	

VAsc 20/10 <input checked="" type="checkbox"/>	VAcc 20/10 <input checked="" type="checkbox"/>
(MR)	X
VD 0 mm	
K-readings (diopters) / X	

Steroid Drops: FML  NSAID Drops: Acular  Anti-Biotic Drops: Ciloxan  Rewetting Drops: Bion tears

Notes: 4708

Seems to be working

Surgeon Name: Dr. John Smith

OD OS

Surg Type: Lasik	Surg Type: Lasik
DATE: 12/15/2000	DATE: 12/15/2000
Rx Entered: -1.75/-1.75 X 180	Rx Entered: -1.25/-1.00 X 086
Pachymetry:	
Laser used: Autonomous LADAR VI 4706	
Micro Keratome: Moria LSKI	

FIG. 47

Title: Methods and Apparatus for  
Facilitating the Provision of Services  
Inventors: Lindsay Atwood  
Atty. Docket No. 10000.02  
Customer No. 20686

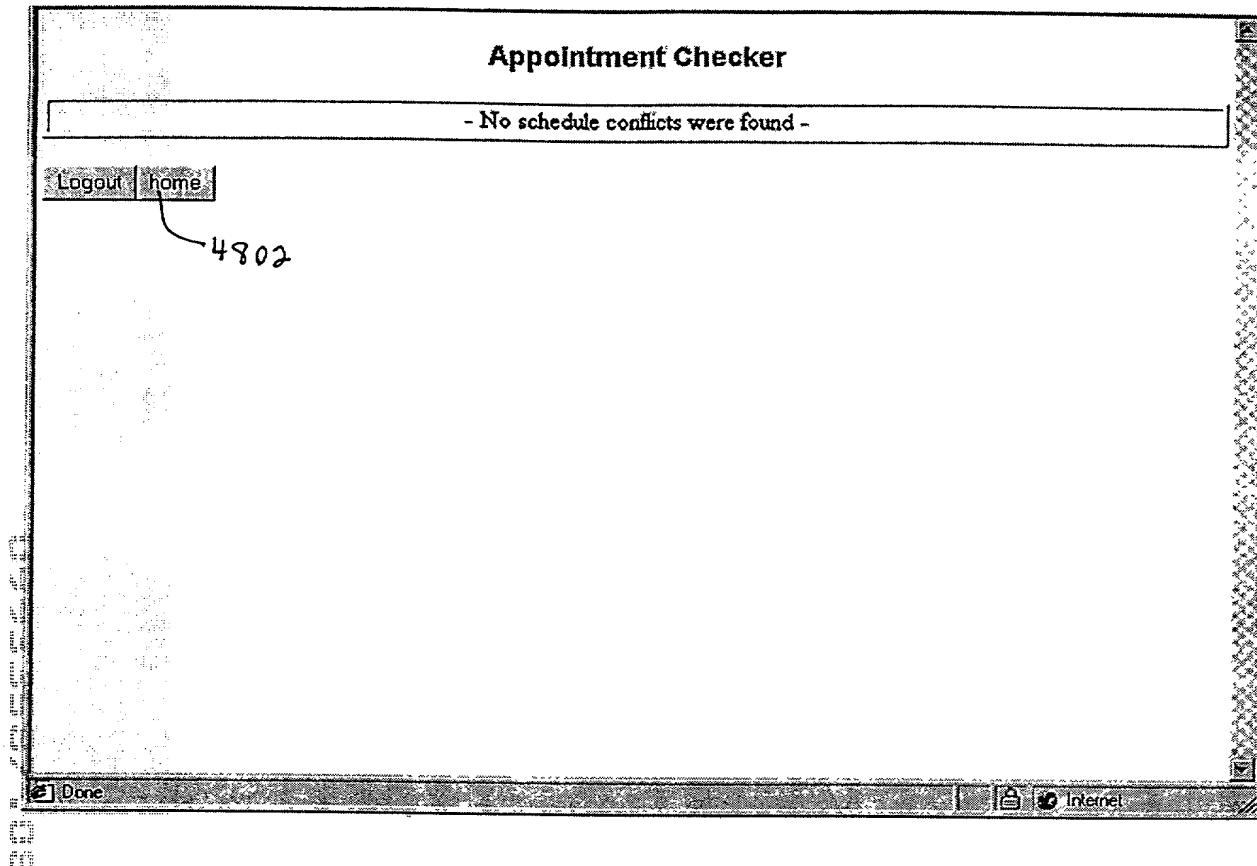


FIG. 48